

Waiver of Liability Program - Waiver request form/Affidavit of Waiver

Global Excel Management is the authorized administrator for the above-referenced program.

Please review the Waiver of Liability Terms and Conditions for your card and ensure that the company has canceled the card within 2 business days of the notification of termination of employment.

In the event that unauthorized charges are identified, please follow these steps to submit the necessary documentation:

1. Complete and sign the enclosed Waiver Request Form/Affidavit of Waiver.
This form is required to process your waiver request.
2. To substantiate your waiver request, enclose the following supporting documentation with your signed Waiver Request Form/Affidavit of Waiver:
 - A copy of the credit card statement showing the unauthorized charges.
 - A copy of the written notification to employee of card cancellation (if applicable).

Submitting your waiver request

The completed & signed waiver request form and applicable supporting documents can be sent to our office:

- Online** Visit: www.globalexcel.com/scotia
Create an account and upload your required documents.
Your information is automatically saved and can be reviewed at any time.

- Mail**

	Canadian Mailing Addresses	U.S.A. Mailing Address
	Global Excel Management P.O. Box 1237 Station A Windsor, ON N9A 6P8	Global Excel Management 73 Queen Street Sherbrooke, QC J1M 0C9
		Global Excel Management 535 Griswold St Suite 111-605 Detroit, MI 48226

***Please do not send registered mail to the PO Box address, it must be sent via standard mail**

- Email** Scotiabank.protection@globalexcel.com

IMPORTANT

You may be contacted to answer questions, or to provide additional documentation or clarifications.

For Scotiabank Commercial or Visa Business card accounts:

- You must give notice of waiver request and submit the completed Scotiabank Waiver Request Form / Affidavit of Waiver to Global Excel within thirty (30) days of the notification of employment termination.
- All waiver request documents must be filed within six (6) months from the date of the notification of employment termination.
- If you have any questions concerning the waiver request process for Commercial or Visa Business card accounts, please call us toll-free at **1-833-389-1090**.

For the Scotiabank Passport Visa Infinite Business Card:

- You must give notice of waiver request and submit the completed Scotiabank Waiver Request Form / Affidavit of Waiver to Global Excel within thirty (30) days of the notification of employment termination.
- All waiver request documents must be filed within sixty (60) days from the date of the notification of employment termination.
- If you have any questions concerning the waiver request process for Small Business card accounts, please call us toll-free at **1-800-263-0997**.

Section 1 - Company (Please print)

Company Name		
Business Address (Number & Street)		
City	Province	Postal Code
Program Coordinator / Company's Authorized Official Information:		
Last Name	First Name	Date of Birth - used for validation purposes only ____ / ____ / ____ (M/D/Y)
Business Phone Number	Email (mandatory)	

Section 2 - Cardholder's Information (Please print)

Last Name		First Name	
Name as it appears on card (if different from above)			
Date of Birth ____ / ____ / ____ (M/D/Y)	Account Number (First 6 and last 4 digits)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address (Number, Street)			
City	Province	Postal Code	

Section 3 - Details of Loss

Date card terminated: ____ / ____ / ____ (M/D/Y)	State the employee/cardholder relationship to the company: <input type="radio"/> Owner <input type="radio"/> Partner <input type="radio"/> Principal Shareholder <input type="radio"/> Other	
Was the card retrieved from cardholder? <input type="radio"/> No <input type="radio"/> Yes	If yes Date the card was retrieved ____ / ____ / ____ (M/D/Y)	
Transaction date of first unauthorized charges: ____ / ____ / ____ (M/D/Y)	Total amount of unauthorized charges \$ _____	Credit Card Program Currency: <input type="radio"/> CAD <input type="radio"/> USD

Section 4 - Affidavit of Waiver

I wish to certify the above-named cardholder with an employment termination date of ____ / ____ / ____ (M/D/Y) according to the terms of the Scotiabank Waiver of Liability Program has used his/her SCOTIABANK COMMERCIAL CARD or SCOTIABANK VISA BUSINESS CARD to make unauthorized charges or cash advances, totaling \$ _____ .

The company would like to request waiver of these charges under the terms and conditions of the program.

Program Coordinator's/Authorized Official's Name: _____

Program Coordinator's/Authorized Official's Title: _____

Program Coordinator's/Authorized Official's Signature:  _____

Date ____ / ____ / ____ (M/D/Y)

- The witness must be a Corporate Officer

Witness Name: _____

Witness Title: _____

Witness Signature:  _____

Date ____ / ____ / ____ (M/D/Y)

Section 5 - Declaration / Authorization / Signature

Administrator: Global Excel Management
P.O. Box 1237 Station A, Windsor, ON N9A 6P8

- This Authorization will permit Global Excel Management ("Global Excel") and Manulife to use the disclosed information for the purpose of determining my eligibility under the Waiver of Liability program and discuss any aspect of my waiver request. Global Excel and/or Manulife may disclose this information to Scotiabank.
- I assign to Global Excel any benefits payable from any other sources for losses covered under this program, and I authorize and direct such payors to forward payment directly to Global Excel.
- I consent to you communicating with me via electronic means regarding my waiver request at the email address I have provided, and understand that this communication will contain personal information.
- I authorize Global Excel to deposit all payments directly to the account indicated on this form.
- A photocopy of this authorization shall be considered as effective and valid as the original for the purpose of obtaining further information to process this waiver request.
- **I certify that the statements and particulars given herein together with those on any accompanying documents or telephone interviews relating to my waiver request are complete, true and correct to the best of my knowledge.**

Manulife and its administrator, Global Excel, are committed to protecting Your privacy and the confidentiality of personal information. Manulife's Privacy Policy is located at www.manulife.ca. Global Excel's privacy policy is located at www.globalexcel.com. Global Excel will collect, use, and disclose personal information only for the purposes of administering your benefits and responsibilities under this program. To protect the confidentiality of personal information, Global Excel will establish a financial services file from which personal information will be used to administer benefits under this program. Access to this file will be restricted to Global Excel, Scotiabank and Manulife employees, and their administrators or agents who are responsible for the assessment and investigation of program benefits, and to any other persons You authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your file is secured in Canada.

You may request to review the personal information it contains and make corrections by writing to:

Privacy Officer, Global Excel Management Inc.
73 Queen St. Sherbrooke, QC J1M 0C9.

Program Coordinator's / Authorized Official's Name: _____
Program Coordinator's / Authorized Official's Signature: _____ Date ____ / ____ / ____ (M/D/Y)

Section 6 - Incurred Expense List

No.	Description of Expense	Transaction Date (MM/DD/YY)	Unauthorized Charge
1			
2			
3			
4			
			Total amount of unauthorized charges

Section 7 – Preferred Method of Reimbursement

Please visit www.globalexcel.com/scotia to log in or register to our secure claimant portal and choose your preferred method of reimbursement.

Note: if a method of reimbursement is not selected a cheque will be issued to the company.

Direct deposit (CAD only).

By providing your company's banking information, your payments will be deposited directly to your company's account and you will get an email notification when your waiver request is settled.

Transit Number: Institution number: Account Number:

Cheque